

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/009281	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	3			1		
5	3			1		
6	3			1		
7	3			1		
8	(1)			1		
9	(1)			1		
10	(1)			1		
11		1				
12		1				
13			1			
14			1			
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48						
49						
50						
TOTAL IND.		2				
TOTAL DEP.			12			
TOTAL CLAIMS		14				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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57								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831